

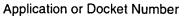
## UNITED STATES DEPARTMENT OF COMMERC Patent and Trademark Office ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRACEMARKS Washington, O.C. 20231

## NOTICE OF FILING OF REISSUE APPLICATION

Patent No. 5,824,046

Inventor Smith, Scott R	
An application for reissue of this patent was filed on	
as Application Number	
Reissue application abandoned on	_
Reissue Patent issued on	-
As Reissue No	

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS			(Column	1)	(Colu	mn 2)	T	YPE _		OR	SMALL	
TOTAL CLAIVIS							.	RATE	FEE		RATE	FEE
FO	R 		NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS	21 minus 20=		* /			X\$ 9=		OR	X\$18=	18
IND	EPENDENT CL	AIMS 🏖	<b>4</b> , mi	nus 3 =	· /			X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT							l	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	808
CLAIMS AS AMENDED - PART II									L	10	OTHER	
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR .	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	. 21	Minus	**		=		X\$ 9=		OR	X\$18=	:
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						  -	105			. 070	
							L	+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1) CLAIMS	1	(Colui		(Column 3)	1					
AMENDMENT B	·	REMAINING AFTER AMENDMENT	٠	NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	L	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		<b>」</b> ├					
7 10								+135=		OR	+270=	
84							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	٥	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	-	=		X40=		00	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├	7,15		OR	7.00-	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											